


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 24, 2007 8:00 am
Secretary of State

04-09-2007 90041 047 ***150.00

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DOCUMENT # P99000054882 1. Entity Name NAVIGATOR FINANCIAL ADVISORS, INC.		
Principal Place of Business 7267 MAUNA LOA BLVD SARASOTA, FL 34241	Mailing Address 7267 MAUNA LOA BLVD SARASOTA, FL 34241	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COZY, JOHN F JR. 7267 MAUNA LOA BLVD SARASOTA, FL 34241		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>John F. Cozy</i></u> <u>president</u> <u>3-31-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COZY, JOHN F JR. 7267 MAUNA LOA BLVD SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COZY, RENEE D 7267 MAUNA LOA BLVD SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>John F. Cozy</i></u> <u>President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/31/07</u> <u>941-780-3859</u> <small>Date Daytime Phone #</small>



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0926119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	